

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 22 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

36971

State File No.

9201

Registration District No.

791

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **DePaul Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... **2 days**
(Specify whether
In this community..... **Unknown**
years, months or days)

3. (a) PRINT FULL NAME..... **Sheila Casey**

3. (b) If veteran, name war..... **None** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife..... **None** 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... **July 27, 1941**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 3 21 hr. min.

9. Birthplace..... **St. Louis Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **None**

11. Industry or business.....

12. Name..... **John H. Casey**

13. Birthplace..... **St. Louis County Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name..... **Abigail Nixon**

15. Birthplace..... **St. Louis Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **John H. Casey**

(b) Address..... **5372 Natural Bridge Ave.**

17. (a) **Burial** (b) Date thereof..... **11/20/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Memorial Park Cemetery**

18. (a) Signature of funeral director..... **Math Hermann & Son**

(b) Address..... **2161 East Fair Ave**

19. **NOV 19 1941** (b) **J. F. Brueck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....
(c) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **5372 Natural Bridge Ave**
(If rural, give location)
(e) Citizen of foreign country?..... **No** (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **18th**
year **1941** hour **7:45 AM** minute..... M.

21. I hereby certify that I attended the deceased from.....
..... 19..... to..... 19.....
that I last saw h..... alive on..... 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Disseminated Virus Pneumonia**
Due to..... **Neisseria meningitidis or Lobar**

Due to..... **Toxic Encephalopathy**

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature..... **John H. Casey** (M. D. or other)
Address..... **5372 Natural Bridge Ave** Date signed.....

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed William G. Buckholz
Licensed Embalmer No. 2160
P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.